## State of West Virginia Electioneering Communications and Last Minute

## Independent Expenditure Form

(Must be filed when \$5,000 or more is spent on "electioneering communications" as detailed in WV Code §3-8-2b. A "Last Minute" report will be due when \$1,000 is spent on "electioneering communications" within 15 days of an election.)

lame of person making expenditure West Virginia Fa	mily Values	
lame of the individual in control of the expenditure(s)	Lou Ann Johnson	
mail address	Telephone	
lame of the custodian of the booksLou Ann John	son	
rincipal place of business and address (Only if the pe	rson making the expen	diture is not an individual)
Electioneering communication expenditur	es of more than \$1,	000 (as required by WV Code §3-8-2b)
Refers to: (candidate name) Supporting candid	ate Jack Yost - District 1	Communication date: 9/8/2016
Paid toZero Week Solutions - Canvass Operation	ons & Telephone Calls	
Amount of expenditure \$7,555.75 Date the ex	penditure was made	08/22/2016
Election year Mad	e within (check one):	
30 days prior to the Primary Election	X 60 days prior	to the General Election
Refers to: (candidate name)Supporting candidate Paid toBouchard Gold Communications - Canva		Communication date: 9/8/2016
Amount of expenditure \$2,218 Date the e	expenditure was made	INCURRED - 9/7/16
Election year Mad	e within (check one):	
30 days prior to the <b>Primary Election</b>	X 60 days prior	to the General Election
Refers to: (candidate name)		
Paid to		
Amount of expenditure Date the e	expenditure was made	
Election year Mad	e within (check one):	
30 days prior to the <b>Primary Election</b>	60 days prior	to the <b>General Election</b>
Refers to: (candidate name)		
Paid to		
Amount of expenditure Date the e	expenditure was made	
Election year Mad	e within (check one):	
30 days prior to the <b>Primary Election</b>	60 days prior	to the General Election

## Contributors totaling more than \$1,000 from the previous calendar year to date (as required by West Virginia Code §3-8-2b)

Name of contributor No contribution  Occupation of contributor (if applicable)	Date the contributor exceeded \$200
Value of the contribution	
City:	
Name of contributor  Occupation of contributor (if applicable)	Date the contributor exceeded \$250
Value of the contribution	
City:	
Name of contributor  Occupation of contributor (if applicable):	
Value of the contribution	Description of contribution
City:	
Name of contributor  Occupation of contributor (if applicable):	
Value of the contribution	Description of contribution
City:	State and Zip Code:
	OATHORAFFIRMATION
to the best of my knowledge, for all financia	, swear or affirm that the attached statement is true and correct transactions occurring within the period covered by this statement.
THIS TO LAND HOUSE	Signature from Am The Assistant Treasurer
50:11 Hd 6-d3s 910Z	This form must be <u>received</u> in the Secretary of State's Office